

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$110.00 for date of service 12/04/01.
- b. The request was received on 05/02/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/14/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/19/02. The 14 day response was not found in the dispute packet. Therefore, all of the information in the dispute packet will be reviewed and a decision will be written accordingly.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Did not submit a position statement.
2. Respondent: Did not submit a position statement.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12/04/01.
2. The denial code listed on the EOB is "G-INCLUDED IN GLOBAL CHARGE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
12/04/01	76000	\$110.00	\$0.00	G	\$88.00	TWCC Advisory 97-01 STG 134.1001 (e)(T)(i)	According to the STG 134.1001 (e)(T)(i): "ESIs must be performed under fluoroscopic control." "...ESIs must be performed under fluoroscopic control." "When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, <b>such procedures</b> (emphasis added) are considered part of the service and should not be billed separately." The procedure performed was an ESI, CPT code 62289. The fluoroscopy is not global to another procedure. Therefore, reimbursement is recommended in the amount of \$88.00.
<b>Totals</b>		\$110.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$88.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$88.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 24<sup>th</sup> day of October 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb